

greatly the general health, because a normal condition of the breathing and swallowing, and in many cases of the hearing, is brought about. As to the certainty of the operation it can be assured by a proper application of the sutures.

He rejects entirely Küster's method of suture, because whatever advantage it has in increasing the length of the velum, it loses in the breadth and causes the palate to be small and stretched so that it does not fit well into the pharynx. The great advantage claimed for early operation is that the nourishment and the speech of the child are corrected at an early date when they can be of the most advantage, for these children can hope to have their speech entirely corrected as well as their nourishment improved, whereas operation performed upon older children cannot correct the faulty articulation.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXII Kongress, 1893.

JAMES P. WARBASSE (Brooklyn).

V. Struma Tuberculosa. By Prof. P. BRUNS (Tübingen). The writer finds tuberculous goitre to be very rare, and a case is not recorded where the disease has attacked the thyroid gland in the form of a large goitre. The case which forms the base of this work has been carefully studied clinically and histologically. It is of general interest, as the clinical picture was that of a malignant goitre. A goitre which before was soft and of some size suddenly becomes hard upon one side, somewhat nodular and grows rapidly, while pains appear and the neighboring glands swell. The thyroid gland was thickly beset with large tuberculous nodes—a form of thyroid tuberculosis which, excepting miliary tuberculosis, is extremely rare. Only six cases are known.—*Beiträge zur klinischen Chirurgie*, Bd. x.

VI. Laryngectomies at Kocher's Clinic in Berne. By O. LAUZ (Berne). This work presents a report on twelve laryngectomies done during ten years at Kocher's clinic in Berne, including total extirpation, resection and excision of soft parts. Lauz proposes the following terms: Superior laryngotomy (thyrectomy), inferior

laryngotomy (cricotomy), and median laryngotomy (incision of the crico-thyroid membrane). An ordinary sponge is tied around the tracheal canula. The laryngeal wound is either treated open, with iodoform gauze tamponade, or the edges of the wound are brought together over the gauze by a few sutures. Iodoform gauze has not been much used of late years on account of several cases of poisoning. To prevent broncho-pneumonia, which was observed in none of Kocher's cases, he recommends the following measures: Separate the tracheal and laryngeal wounds as much as possible, if necessary suturing the trachea in the lower portion of the wound, frequently changing the tampons and carefully wiping out the wound. The tampon canula is replaced immediately after the operation by an ordinary one. Food is not taken in the recumbent position, but by means of an œsophageal sound introduced through the mouth. As to the cases themselves, in the majority it was carcinoma, in one lupus (unilateral extirpation), once tuberculosis (extirpation of the greater portion of the larynx) and, finally, an extension of a sarcomatous struma (partial resection of the larynx and trachea). Three times complete removal of the larynx and three times resection of the fauces and œsophagus was done. Tracheotomy was in seven cases done at the time of the operation, and in the remainder performed beforehand. As to the results, but one patient died immediately after the operation. The patient with lupus died in three years of pulmonary tuberculosis, and the one with tuberculosis in four weeks, with phthisis. The patient with a sarcomatous struma was free from recurrence after two years. Of the patients with carcinoma, one died in two years of pleuro-pneumonia, probably free from recurrence; of a second it was only reported that he had had no recurrence after six months; a third was well fourteen months after the operation (excision of vocal cord). The others succumbed within four months to one year and seven months, to recurrences. Though the immediate course in these cases was good, the permanent results were not better than ordinary, due to the cases being far progressed. Although he is a warm advocate of laryngectomy he would

have partial extirpation, with its good functional results, performed early.—*Archiv. für klinische Chirurgie*, Bd. XLIV, Hft. I.

FRANK H. PRITCHARD (Norwalk, Ohio).

CHEST AND ABDOMEN.

I. Primary Carcinoma of the Nipple. By G. MANDRY (Tübingen, Germany). The writer operated on a woman of sixty-one years, who presented a tumor of the nipple of the size of a pea, which on microscopical examination proved to be an epithelial carcinoma. He extirpated the entire mammary gland and cleaned out the axilla. The patient recovered without complication. Mandry regards the orifices of the galactophorous ducts as the primary seat of the disease. Examination of German literature revealed but very few cases, while foreign literature yielded a number of cases under the term Paget's disease, that were partly epithelial carcinomata.—*Beiträge zur klinischen Chirurgie*, Bd. X.

FRANK H. PRITCHARD (Norwalk, Ohio).

EXTREMITIES.

I. Treatment of Severe Injuries of the Extremities. By P. RECLUS (Paris). In grave injuries of the extremities, as from railroad accidents, machinery, etc., the writer rejects primary amputation, or exarticulation, for various reasons. In the first place, the shock will only be increased by operation, and again, it is impossible to determine, in the crushed tissues, the living tissue from that which will necrose. Hence in such cases it is best to proceed most conservatively. Wrap the patient in warm clothes, and inject subcutaneously caffein, ether or artificial serum. Then cleanse the injured member by energetically irrigating it with sterilized water at 55–60 Raumer. Every corner and crevice should be cleaned, the water at this high temperature being both hæmostatic, disinfectant and warming. Then pack all portions of the wound with a weak iodoform